What Steps Are Necessary To Enroll in a System of Care?

Although each community's system of care is different, most children and youth in a system of care go through the following steps to be enrolled:

Step One: Diagnosis and Referral—To be considered for system of care enrollment, children and youth must have a diagnosed behavioral, emotional, or mental health disorder that severely affects their lives. Additionally, most children and youth are referred to a system of care by mental health providers, educators, juvenile justice professionals, child welfare professionals, physicians, and others who may already be serving children, youth, and families.

Step Two: Assessment and Intake—Once your child has been diagnosed and has been referred to the system of care, the system of care may ask you to answer some questions that will help you determine whether or not your child and family are eligible to receive services and supports. If your child and family are eligible, you may have to answer more questions so the system of care can begin to understand your needs. Throughout these steps, the system of care will work with you to fill out all of the necessary paperwork.

Step Three: Care Planning and Partnership Building—After your child and family are enrolled, the system of care will work with you to determine what services and supports best fit your child's and family's needs. Once the care planning is complete, the system of care will develop partnerships among you and all of those who are helping your child and family to ensure that services and supports are as effective as possible.

For More Information

Federal Government Resources

National Mental Health Information Center
Substance Abuse and Mental Health Services Administration
www.mentalhealth.samhsa.gov
Tel: 1.800.789.2647 (toll-free; English/Spanish)
TDD: 1.866.889.2647

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
www.systemsofcare.samhsa.gov

National Institute of Mental Health
National Institutes of Health
www.nimh.nih.gov
Tel: 1.866.615.6464 (toll-free; English/Spanish)
TTY: 301.443.8431

Additional Resources

Following are some other resources that may be helpful. This list is not exhaustive, and inclusion does not imply endorsement by the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

Federation of Families for Children's Mental Health
www.ffcmh.org
Tel: 240.403.1901

NAMI (National Alliance on Mental Illness)
www.nami.org
Tel: 1.800.950.6264 (toll-free)

National Mental Health Association
www.nmha.org
Tel: 1.800.969.6642 (toll-free)

References

[1] *Results from the 2004 National Survey on Drug Use and Health: National Findings*, Substance Abuse and Mental Health Services Administration.

[2] *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*, Office of the Surgeon General.

For local information, contact:

Caring for Every Child's Mental Health
Systems of Care

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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CHILDREN'S MENTAL HEALTH FACTS

Major Depression

Helping Children and Youth With Major Depression: Systems of Care

This fact sheet provides basic information on major depression in children and youth and describes an approach to getting services and supports, called "systems of care," that helps children, youth, and families thrive at home, in school, in the community, and throughout life.

What Is Major Depression?

Children and youth with major depression have negative feelings that go beyond having a "bad day," having the "blues," or being in a "bad mood." Younger children with major depression may complain of aches and pains, refuse to go to school, cling to a parent, or worry excessively. Older children may sulk, get into trouble at school, be negative and irritable, experience feelings of worthlessness, have difficulty sleeping, and feel misunderstood. In addition, major depression is associated with changes in how the brain functions. If left untreated, major depression puts children and youth at risk for school failure, relationship difficulties, early pregnancy, drug abuse, and suicide.

It was once believed that children and youth did not experience major depression, but experts now know that it can affect people of all ages. Symptoms of major depression affect 14 percent of youth aged 12 to 17.[1] Major depression occurs in episodes that can last weeks, months, or years. Major depression can be triggered by a very sad experience or loss, such as a death, a divorce, or other family crisis. Other times it occurs without any obvious cause. For some families, major depression may affect several generations of adults, children, and youth, suggesting heredity may play a role in the disorder.

Determining whether or not your child has major depression may be hard for several reasons. First, signs of major depression may be mistaken for other mental health conditions or typical childhood behaviors. Second, major depression can occur at the same time as other physical or mental health conditions, such as migraine headaches, various digestive disorders, and bipolar disorder. Finally, culture and language play a role in how families and service providers perceive, describe, and interpret the symptoms and causes of major depression.

Misperceptions and misunderstandings about major depression can lead to a delayed diagnosis, a misdiagnosis, or no diagnosis—all are serious problems when a child or youth needs help. Only qualified mental health providers can diagnose major depression. It is important that supports be in place that are relevant to people's diverse cultures and languages.[2]

How Can I Find a System of Care for My Child With Major Depression?

Contact the system of care community in the box on the back of this fact sheet. If none is listed or that system of care community is not in your area, visit *www.systemsofcare.samhsa.gov* and click "Programs," and then "Comprehensive Community Mental Health Services Program for Children and Their Families" to locate a system of care close to you. If you prefer to speak to someone in person to locate a system of care, or if there is not a system of care in your area, contact the National Mental Health Information Center by calling toll-free 1.800.789.2647 or visiting *www.mentalhealth.samhsa.gov*.

For information about children's mental health contact the National Mental Health Information Center toll-free:
1.800.789.2647 (English/Spanish)
1.866.889.2647 (TDD)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Major depression may be diagnosed when symptoms persist for at least 2 weeks. Signs of major depression include:

- Persistent sad, anxious, or "empty" mood;
- Feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness;
- Loss of interest in pleasurable hobbies and activities that were once enjoyed;
- Decreased energy, fatigue, or feeling "slowed down";
- Difficulty concentrating, remembering, and/or making decisions;
- Trouble with sleeping, waking up very early, or oversleeping;
- Reduced appetite and weight loss or overeating and excessive weight gain;
- Thoughts of death or suicide, or attempting suicide;
- Irritability or agitation; and
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive problems, or chronic pain.

What Happens After a Major Depression Diagnosis?

If a qualified mental health provider has diagnosed your child with major depression, the provider may suggest several different treatment options, including strategies for managing behaviors, medications, and talk therapy. Your child's mental health care provider may also suggest enrolling in a system of care, if one is available in your community.

What Is a System of Care?

A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families, children, and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs. Specifically, a system of care can help by:

- Tailoring services to the unique needs of your child and family;
- Making services and supports available in your language and connecting you with professionals who respect your values and beliefs;
- Encouraging you and your child to play a decisionmaking role in the design of a treatment plan; and
- Providing services from within your community, whenever possible.

The Core Values of Systems of Care

Systems of care may be different in each community, but all share three core values. One of these core values is that systems of care are family-driven and youth-guided. Family-driven means that families have a primary decisionmaking role in the care of their children and the policies and procedures governing care for children and youth in their communities, States, tribes, territories, and Nation.* Similarly, youth-guided means that youth have the right to be empowered and educated decisionmakers in their own care and the policies and procedures governing care for youth in their communities, States, tribes, territories, and Nation.* The other system of care core values are that services and supports are community-based, and culturally and linguistically competent. Combined, these core values ensure care that is effective and appropriate for each child's, youth's, and family's needs.

Are Systems of Care Effective?

National data collected for more than a decade support what families in systems of care have been saying: Systems of care work. Data from systems of care related to children and youth with major depression and their families reflect the following:

Children and Youth Experience:

- Increased positive interactions with their families and parents/caregivers;
- Increased participation in family activities;
- Increased compliance with family rules;
- Improved school performance;
- Reduced emotional and behavioral problems;
- Decreased negative feelings and disengagement from other people; and
- Decreased complaints of physical problems without medical causes.

Caregivers and Families Experience:

- Increased ability to develop job-related skills, to do work, and to earn income;
- Reduced number of days missed from work;
- Decreased negative feelings toward the child, such as worry, guilt, and fatigue; and
- Decreased strain related to the child's mental health needs.

*For more information on "family-driven" and "youth-guided," visit *www.systemsofcare.samhsa.gov*.

Nick's Story

Like many other young men in his community, Nick spends his free time fishing, bowling, and working on his truck. When he is not spending time on hobbies, he works at the job of his dreams—as a corrections officer at a local prison. His mother, Terri, says his warm personality makes him great at what he does. She adds that for him to get where he is as a young adult, he overcame depression so severe that it almost took his life when he was a teenager.

At age 16, Nick's attitudes and behaviors changed dramatically. His once warm and humorous personality became extremely agitated, and he started using drugs and alcohol. To help him, Terri enrolled Nick in an "alternative school" that had smaller class sizes, but by the end of his second year, Nick's situation got worse. No matter what Terri would say to him, he would fly into a rage. One morning when she tried to wake him for school, he cursed and threw his alarm clock at her, barely missing her head. She tried to talk things over with him that evening, but he threw his drinking glass at her, threatened to kill himself, and stormed out of the house.

"He was becoming so out of control," Terri said. "It really scared me to be alone with him."

About an hour later, Terri found Nick in the house taking pills by the handful, and he was rushed to the hospital. He spent 10 days in the psychiatric ward and was referred to a mental health service provider when he was discharged. Getting help from that mental health service provider was a real challenge—there was a 6-month waiting list, with no guarantees that Nick would be "accepted" for treatment.

Frustrated and looking for a way to help Nick, Terri enrolled him in a new school that fall. She thought a new place with different people would give him an opportunity to put his past behind him. To her surprise and relief, her instincts were right, but not in the way she had anticipated. Nick's new school was part of a system of care.

Being part of the system of care meant that Nick's school had a full-time licensed mental health provider available on site, who was employed cooperatively by the county's local mental health center as well as the school. In addition to providing services to students, the mental health professional trained teachers, guidance counselors, and other staff on how to help them better identify students who might need help. If school staff thought a student was having problems, they could immediately refer the student to services through the system of care.

Once it was determined that Nick was eligible for services, he and his mother worked with the system of care to develop a treatment plan. The treatment plan involved creating a team to provide services needed by Nick and his mother. Team members could have included anyone who could help, but for Nick and Terri, the team had a mental health provider, a physician, and school staff.

Terri said that one of the best things about the system of care was the open line of communication that it created among her, the school, and Nick's counselor. If Nick was having difficulties at home, she could call his counselor, who would help him at school, even before classes started for the day. This close support enabled Nick to graduate from high school at age 20.

In addition to helping her son, Terri said that the system of care helps her entire community. "In our town," she explained, "we have a lot of families that benefit from the program—families that cannot afford to leave work every time their child has a problem or every time they need to go to the doctor. Many of these children and families would not get services if services were not offered through the system of care."